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PTO/SB/01A (06-03)
Approved for use through 07/31/2003. OMB 0651-0032
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76) As the below named inventor(s), I/we declare that: This declaration is directed to: The attached application, or Application No. 10/688,648, filed on October 17, 2003 as amended on _____ (if applicable); I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application. All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. Full Name of Inventor(s) Inventor 1 **TERO AHOLA FINLAND** Citizen of Signature Inventor 2 **TIM JENKINS** UK Citizen of Signature Inventor 3 CARELAXTON Signature Citizen of Inventor 4 **TED MURRAY** UK Signature Citizen of

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND IO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION (27 OFF 4 C2) FOR LITH ITY OF REGION APPLICATION LIGHIC AN

APPLICATION DATA SHEET (37 CFR 1.76)				
As the below na	med inve	ntor(s), I/we declare that:		
This declaration	is directe	d to:		
	П П	The attached application, or		
		Application No. <u>10/688,648</u> , filed on <u>10/17/2003</u>		
	_ а	as amended on (if applicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;				
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;				
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
Full Name of Inventor(s)				
Inventor 5	TANYA	PARKINSON		
Signature		Citizen	of <u>UK</u>	
Inventor 6	MANOU	SSOS PERROS		
Signature		Citizen	of XMSX UK	
Additional inventors are being named on				

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Application Number 10/688 648

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/688,648	
Filing Date	10/17/2003	
First Named Inventor	TERO AHOLA	
Title	PARMACEUTICAL	
Art Unit	1617	_
Examiner Name	ТВА	
Attorney Docket Number	PC25479A	

I hereby appoint:			_	
Practitioners at Custo	omer Number	28940		
OR				
Practitioners named I	pelow:			
	Name		Registration Num	ber
		_		
as my/our attorney(s) or ago business in the United State	ent(s) to prosecute the application in es Patent and Trademark Office con	dentified above, inected therewi	and to transact all th.	
Please recognize or change	e the correspondence address for th	ne above-identif	ied application to:	
The above-mentioned	d Customer Number.			
OR				
The address associate	ted with Customer Number			
OR				
Firm or				
Individual Name				
Address				
Address				
City		State	Zip	
Country		<u> </u>		
Telephone		Fax		
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 (CFR 3.73(b) is enclosed. (Form PTC			
	SIGNATURE of Appli	cant or Assi	gnee of Record	
Name	TERO AHOLA	<u> </u>		
Signature / Lun Ulun				
Date	Harch 25.	2004		
NOTE: Signatures of all the inv forms if more than one signature	entors or assignees of record of the re is required, see below*.	e entire interest	or their representative(s)	are required. Submit multiple
*Total of forms are s	ubmitted.			
This collection of information is requ	ired by 37 CER 1.31 and 1.33. The infor	mation is required	to obtain or retain a benefit	by the nublic which is to file (and by the

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/688,648

10/17/2003

PTO/SB/81(06-03)

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Filing Date

Application Number

POWER OF ATTORNEY	First Named Inventor		TERO AHOLA		
and	Title		PARMACEUTICAL		
CORRESPONDENCE ADDRESS	Art Unit		1617		
INDICATION FORM	Examiner N	ıme	TBA		
	Attorney Do	cket Number	PC25479A		
I hereby appoint:					
Practitioners at Customer Number	28940				
OR		•			
Practitioners named below:					
Name	Name Registration Number				
as my/our attorney(s) or agent(s) to prosecute the applicatio	n identified abo	re, and to transact	all ·		
business in the United States Patent and Trademark Office	connected there	with.			
Please recognize or change the correspondence address fo	r the above-ide	tified application t	o:		
The above-mentioned Customer Number.					
OR					
The address associated with Customer Number					
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Firm or Individual Name	e ·				
Address					
Address					
City	State		Zip		
Country	<u>.</u>				
Telephone	Fax				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name TIM JENKINS					
Signature 7.	Signature 7.1				
Date (7/3/0	(7/3/04				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
□ *Total of forms are submitted.					

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

POWER OF ATTORNEY

and

Applicant/Inventor.

forms if more than one signature is required, see below*. forms are submitted.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

CARL LAXTON

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Name

Total of

Signature

PTO/SB/81(06-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

10/688,648

10/17/2003

TERO AHOLA

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Application Number

First Named Inventor

Filing Date

PARMACEUTICAL Title **CORRESPONDENCE ADDRESS Art Unit** 1617 INDICATION FORM **Examiner Name** TBA **Attorney Docket Number** PC25479A I hereby appoint: 28940 Practitioners at Customer Number M Practitioners named below: **Registration Number** Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address State Zip City Country Fax Telephone I am the:

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

SIGNATURE of Applicant or Assignee of Record



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PTO/SB/81(06-03)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS		Filing Date		10/17/2003	
		First Named Inventor		TERO AHOLA	
		Title		PARMACEUTICAL	
		it		1617	
INDICATION FORM	Exami	ner Name		ТВА	
		Attorney Docket Number		PC25479A	
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Practitioners named below:					
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NameName		 	Redistrati	on Number	
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as my/our attorney(s) or agent(s) to prosecute the appl business in the United States Patent and Trademark O	ication identifie	d above, and therewith.	I to transact	all	
Please recognize or change the correspondence addre			application to	o:	
The above-mentioned Customer Number.					
OR					
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The address associated with Customer Number					
OR					
Firm or Individual Name					
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City		State		Zip	
Country		•			
Telephone Fax					
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name TED MURRAY					
Signature G C :					
Date S Well 04					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Total of forms are submitted.					

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Name

☐ *Total of _

Signature

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10/688,648

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Filing Date 10/17/2003 **POWER OF ATTORNEY First Named Inventor TERO AHOLA** and **PARMACEUTICAL** Title CORRESPONDENCE ADDRESS **Art Unit** 1617 INDICATION FORM **Examiner Name TBA Attorney Docket Number** PC25479A I hereby appoint: Practitioners at Customer Number 28940 OR Practitioners named below: Name **Registration Number** as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address State Zip City Country Fax Telephone I am the: Applicant/Inventor. M Assignee of record of the entire interest. See 37 CFR 3.71.

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SIGNATURE of Applicant or Assignee of Record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

forms if more than one signature is required, see below*.

forms are submitted.

TANYA PARKINSON



☐ *Total of

forms are submitted.

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POWER OF ATTORNEY and Filing Date 10/17/2003 First Named Inventor TERO AHOLA Title PARMACEUTICAL Art Unit 1617 INDICATION FORM Examiner Name TRA

Application Number

Examiner Name TBA **Attorney Docket Number** PC25479A I hereby appoint: Practitioners at Customer Number 28940 M OR Practitioners named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address State Zip City Country Fax Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name MANOUSSOS PERROS Signature <u>Date</u> NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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